



PATENT

Attorney Docket No.: RBN-001DV

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Keene *et al.* GROUP NUMBER: 1636  
SERIAL NO.: 10/629,453 CONFIRMATION NO.: 5725  
FILING DATE: July 29, 2003 EXAMINER: Maria Marvich, Ph.D.  
TITLE: METHODS FOR ISOLATING AND CHARACTERIZING ENDOGENOUS  
mRNA-PROTEIN (mRNP) COMPLEXES

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to below, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 2<sup>nd</sup> day of May, 2005.

Dated: May 2, 2005

Brenda T. Kowalczyk  
Brenda T. Kowalczyk

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Submitted herewith is/are:

Transmittal (1 pg.); Fee Transmittal (1 pg.); Petition for Two Month Extension of Time (1 pg.); Amendment and Response with Exhibit A (10 pgs.); Check in the amount of \$225.00; this Certificate of First Class Mailing and a return receipt postcard.

# Transmittal

Mail Stop:  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Application Serial Number	10/629,453
Filing Date	July 29, 2003
First Named Inventor	Jack D. Keene
Group Art Unit	1636
Confirmation Number	5725
Examiner Name	Maria Marvich, Ph.D.
Attorney Docket Number	RBN-001DV
Patent Number	Not Applicable

Patent to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	13	Issue Date	Not Applicable
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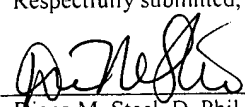
## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Certified Copy of Priority Document(s)  <input checked="" type="checkbox"/> Amendment and Response with Exhibit A <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declarations	<input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 CFR 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 CFR 1.8
<input type="checkbox"/> Response to Notice to File Missing Parts  <input type="checkbox"/> Copy of Notice to File Missing Parts	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Certificate of Hand Delivery <input type="checkbox"/> Revocation of Power of Attorney, Change of Correspondence Address
<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input type="checkbox"/> Transmittal of Formal Drawing(s) <input type="checkbox"/> Total Sheets of Drawings ____	<input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Request for Continued Examination (RCE) Transmittal  <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences  <input type="checkbox"/> Appeal Brief (in triplicate)	
<input type="checkbox"/> CD(s) for large table or computer program	<input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	
<input checked="" type="checkbox"/> Petition for Extension of Time		
<input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations		

## CORRESPONDENCE ADDRESS

Direct all correspondence to: Docketing Assistant  
Sullivan & Worcester LLP  
One Post Office Square  
Boston, MA 02109  
Tel. No.: (617) 338-2800  
Fax No.: (617) 338-2880

## SIGNATURE BLOCK

Respectfully submitted,  
  
 Date: May 2, 2005  
 Reg. No.: 43,153  
 Tel. No.: (617) 338-2952  
 Fax No.: (617) 338-2800  
 Diana M. Steel, D. Phil.  
 Attorney for Applicants  
 Sullivan & Worcester LLP  
 One Post Office Square  
 Boston, MA 02109

# Fee Transmittal

For FY 2005  
Effective 12/08/2004

Complete if Known

Application Serial No.	10/629,453
Filing Date	July 29, 2003
First Named Inventor	Jack D. Keene
Examiner Name	Maria Marvich, Ph.D.
Group Art Unit	1636
Confirmation No.	5725
Attorney Docket No.	RBN-001DV

## METHOD OF PAYMENT (check all that apply)

1. ☒ Payment Enclosed  
☒ Check ☐ Money Order ☐ None  
☐ Deposit Account

Deposit Account Number **50-3211**

Deposit Account Name - Sullivan & Worcester LLP

## 2. ☒ The Director is authorized to: (check all that apply)

- ☐ Charge fee(s) indicated below  
☒ Credit any overpayments  
☒ Charge any additional fee(s) or any underpayment of fee(s)  
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

## 3. ☒ Applicant claims small entity status.

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application	Filing	Search	Examination	Fee Paid
Utility	300	500	200	
Design	200	100	130	
Plant	200	300	160	
Reissue	300	500	600	
Provisional	200	0	0	

	No. Filed	No. Extra	Rate	Amount
Total Claims	- 20=		x \$50.00	
Independent Claims	- 3 =		x \$200.00=	
<input type="checkbox"/> Multiple Dependent Claim(s), if any.			x \$360.00=	

TOTAL

SMALL ENTITY DISCOUNT

SUBTOTAL (1) (\$0.00)

#### 2. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets \_\_\_ - 100 = \_\_\_ / 50 = \_\_\_ (round up) x \$250 =

SUBTOTAL (2) (\$0.00)

#### 3. AMENDMENT CLAIM FEES

Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid
Total	-	=	x \$50.00 =	
Independent	-	=	x \$200.00 =	
<input type="checkbox"/> First Presentation of Multiple Dependent Claim			+ \$360.00 =	

TOTAL

SMALL ENTITY DISCOUNT

SUBTOTAL (3) (\$0.00)

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## FEE CALCULATION (continued)

### 4. ADDITIONAL FEES

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
120	60	Extension for reply within first month	
450	225	Extension for reply within second month	225.00
1020	510	Extension for reply within third month	
1590	795	Extension for reply within fourth month	
2160	1080	Extension for reply within fifth month	
180	180	Submission of Information Disclosure Statement	
40	40	Recordation of assignment per property	
790	395	Filing a submission after final rejection (37 CFR 1.129(a))	
130	65	Terminal Disclaimer	
790	395	Request for Continued Examination (RCE)	
100	100	Certificate of Correction	
790	395	For each additional invention to be examined (37 CFR 1.129(b))	
500	250	Notice of Appeal	
500	250	Appeal Brief	
130	130	Petitions to the Commissioner	
130	130	Non-English specification	
1400	700	Utility issue fee (or reissue)	
800	400	Design issue fee	
1100	550	Plant issue fee	
1400	700	Reissue fee	
300	300	Publication fee	
Other fee Specify		Request for five Certified Copies	
		SUBTOTAL (4)	(\$225.00)

SUBTOTAL (1) (\$ 0.00)

SUBTOTAL (2) (\$ 0.00)

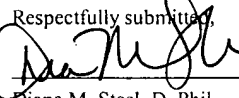
SUBTOTAL (3) (\$ 0.00)

SUBTOTAL (4) (\$225.00)

TOTAL (\$225.00)

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